

King County Mental Health Advisory Board

Application

Dear Interested Applicant:

Please fill out the following application and attach a cover letter addressing why you would like to serve on the King County Mental Health Board. Please also attach your resume to the application and return to

Rhoda Naguit, Confidential Secretary/Staff Board Liaison
King County Mental Health, Chemical Abuse & Dependency Services Division
Exchange Building, Room 610
821 Second Avenue, Suite 10
Seattle, WA 98104-1598

Name _____ Phone(____)_____
Home (____)_____ Work(____)_____ Cell (____)_____

Email Address:_____

Business Address: _____

Home Address: _____
(Note: Please indicate preferred mailing address with an asterisk *.)

King County Council District _____

Education

Present Employment or Activities _____

Employer (if applicable) _____

Membership on any city and/or county boards, commissions, or committees, and dates of term:

Have you had any involvement with persons who have mental illness? ____ Yes ____ No

If yes, what has been your personal involvement? _____

Your professional involvement? _____

How did you learn of this opportunity? _____

Languages spoken fluently

Please list four (4) personal and/or professional references:

Name/ Telephone Number(s) Personal or Professional

Address (including area code) Reference?

- | | | | |
|----|-------|--------|-------|
| 1. | _____ | (____) | _____ |
| | _____ | (____) | _____ |
| 2. | _____ | (____) | _____ |
| | _____ | (____) | _____ |
| 3. | _____ | (____) | _____ |
| | _____ | (____) | _____ |
| 4. | _____ | (____) | _____ |
| | _____ | (____) | _____ |

What specific areas of interest do you have in mental health? (Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> adult services | <input type="checkbox"/> Persons of ethnic minorities |
| <input type="checkbox"/> children and youth services | <input type="checkbox"/> gay and lesbian persons |
| <input type="checkbox"/> deaf and hearing impaired | <input type="checkbox"/> Housing |
| <input type="checkbox"/> persons | |
| <input type="checkbox"/> Education | <input type="checkbox"/> legislative advocacy |
| <input type="checkbox"/> Elderly persons | <input type="checkbox"/> managed care |
| <input type="checkbox"/> Quality assurance | <input type="checkbox"/> Other |
| | (describe) _____ |

Time Commitment: At a minimum, you will be required to attend the full board meeting on the second Tuesday of the month from 4:30 PM to 6:30 PM and at least one committee meeting every month. Additionally, you will be asked to serve as a liaison to at least one community mental health agency. Including reading of materials, the time commitment requirement is estimated to be approximately ten hours a month. Will you be able to make this time commitment for the duration of your term? Indicate yes or no. _____

King County prohibits discrimination on the basis of race, color, religion, creed, national origin, sex, sexual orientation, marital status, disabled veteran status, Vietnam Era Veteran status, or disability status.

The King County Executive seeks diverse representation on the King County Mental Health Board. Information in the following section will assist in achieving this goal. It is voluntary on your part.

Thank you for your consideration. If you have any questions or would like additional information, please contact Rhoda A. Naguit, Confidential Secretary at (206) 296-7623.

AFFIRMATIVE ACTION AND PERSONAL INFORMATION

_____ Asian/Pacific Islander _____ Hispanic/Chicano/Latino _____ White
_____ African American _____ Native American _____ Other
Date of birth: _____ Sex: ____ (F) ____ (M) Person with disabilities? ____ Yes ____ No